## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

(0801637

| (Column 1) (Column 2)   |   |   |                    |                                   |               |                  |          | SMALL ENTITY TYPE |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|--------------------|-----------------------------------|---------------|------------------|----------|-------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 7                  |                                   | (COIGIIII) 21 |                  | )        |                   |                        | OR<br>7 |                            |                        |
| FOR   |   |   | AU NADED EU ED     |                                   |               |                  |          | RATE              | FEE                    | ┨.      | RATE                       | FEE                    |
|   |   |   | NUMBER FILED       |                                   | NUMBER EXTRA  |                  |          | BASIC FEE         | 385.00                 | OR      | BASIC FEE                  | 770.00                 |
| 10  | TAL CHARGE  | ABLE CLAIMS                               | 2 minus 20=        |                                   | . 0           |                  |          | X\$ 9=            |                        | OR      | X\$18=                     |                        |
|   | DEPENDENT C   |   | 2 minus 3 =        |                                   | 0             |                  |          | X43=              |                        | OR      | X86=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                    |                                   |               |                  |          | +145=             |                        | OR.     | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |                    |                                   |               |                  |          | TOTAL             |                        | OR      | TOTAL                      | 770                    |
| 3   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |                    |                                   |               |                  |          |                   | ENTITY                 | OR      | OTHER<br>SMALL             |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>JUSLY  | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | . 6                                       | Minus <sub>.</sub> | - 20                              | 9             | =1               |          | X\$ 9=            |                        | OR      | X\$18=                     |                        |
| AME   | Independent   | + 2                                       | Minus              | 3                                 | CI AINA       | -                |          | X43=              |                        | OR      | X86=                       |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                    |                                   |               |                  |          |                   |                        | OR      | +290=                      |                        |
|   |   |   |                    |                                   |               |                  |          | TOTAL             |                        |         | TOTAL                      |                        |
| ADDIT. FEEOR ADDIT. FEE |   |   |                    |                                   |               |                  |          |                   |                        |         |                            |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHE<br>NUME<br>PREVIO<br>PAID F | SER<br>USLY   | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus              | **                                |               |                  |          | X\$ 9=            |                        | OR      | X\$18=                     |                        |
|   | Independent   | *   | Minus              | ***                               |               | =                |          | X43=              |                        | OR      | X86=                       |                        |
| <u> </u>  | FIRST PRESE   | NTATION OF MU                             | ILTIPLE DEP        | ENDENT                            | CLAIM         |                  | <b> </b> |                   |                        | Ì       |                            |                        |
| L.  |   |   |                    |                                   |               |                  |          | +145=<br>TOTAL    | <del></del>            | OR      | +290=                      |                        |
|   |   |   |                    |                                   |               |                  |          |                   |                        | OR ,    | TOTAL<br>ODIT, FEE         | <del>:</del>           |
| _   |   | (Column 1)<br>CLAIMS                      |                    | (Colum                            |               | (Column 3)       |          | •                 | <u> </u>               | _       |                            |                        |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           |                    | NUMB<br>PREVIOU<br>PAID F         | ER<br>USLY    | PRESENT EXTRA    |          |                   | ADDI-<br>TONAL<br>FEE  | ·       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus              | **                                |               | =                |          | X\$ 9=            |                        | OR      | X\$18=                     |                        |
| ME  | Independent   | *   | Minus              | ***                               |               | =                |          | X43=              |                        |         | X86=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                    |                                   |               |                  |          | 7,70-             |                        | OR      | <b>∨00</b> =               |                        |
| • 10  | the entry in colum  | nn 1 is lose than it.                     | e antru in colu-   |                                   | 0° in ant     | 2                | L        | +145=             |                        | OR      | +290=                      | ·                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***OTAL ADDIT. FEE  |   |   |                    |                                   |               |                  |          |                   |                        | OR A    | TOTAL<br>DDIT, FEE         |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |   |   |                    |                                   |               |                  |          |                   |                        |         |                            |                        |